CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

(512) 463-5800

		1 ACCOUNT #	2 Total pages filed:
The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	6
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	H	Date Received
			JUL 1 5 2014
4 CANDIDATE /	WILL PEckham ADDRESS / PO BOX: APT/SUITE#; CITY;	STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS	2701 WOLkin Cove	1000 allows 100 allows	Date Hand-delivered or Postmarked
change of address	Rouno Rock, T+ 786	81	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	(512) 255 - 4011		Date Plocessed
6 CAMPAIGN TREASURER	MS / MRS MR FIRST	MI S	Date Imaged
NAME	THOMAS NICKNAME LAST	SUFFIX	
	SLOTT SwINDELL		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 1903 West Cree. Round Rock, T.	CITY; STATE;	ZIP CODE
	Koune Keck, 1.	1 18681	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 423-1021	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / 2014
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (ifany) City Council of Rouse Rock, Place 4	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME WILLIA	m H Pl	Eckham, IV	15 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	GENERAL SPECIFIC	COMMITTEE NAME ivilliam Peckham, City Council of Room: Roch, Phace 4 COMMITTEE ADDRESS Z701 WOLKIN Coce Rouno Rock, Tx 78681		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME THOMAS SCOTT Swire COMMITTEE CAMPAIGN TREASURER ADDRESS 1903 West Creek Round Rock, To 766	ndere Loop	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7,460.60			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ NA			
	4. TOTAL POLITICAL EXPENDITURES \$ 11, 491.76			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 1,977.76	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ ZERO	
18 AFFIDAVIT				
SARA LEIGH WHITE MY COMMISSION EXPIRES July 11, 2016 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder				
AFFIX NOTARY STAM	IP / SEAL ABOVE			
Sworn to and sub-		me, by the said, 20, to certify which, witness r		
Signature of officer admi	inistering oath	Printed name of officer administering oath	Notwy Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	William H Peckham,	10	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (D#:_ Bylac & Jenn. Fla Se	LLERS	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/7/14	6 Contributor address; City; State; Zip Code 1712 West Ene Place		150.00	
	Roun- Rock, T+ 786	81	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ James & Linea BLack		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/14	Contributor address; City; State; Zip Code 1716 Possuur Trof St. Roune Rock, T+ 786	81	100.00	
	7,000	9	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ JOHN + Kurthy Smith		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/14	Contributor address; City; State; Zip Code 2507 Melekhin Bene		500.00	
	Ceder Purt, T+ 7661	3	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		,
Date	Full name of contributor out-of-state PAC (ID#:_	a-p	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/2/14	Contributor address; City; State; Zip Code 1212 Creckrica Price		50.00	
	Rusa Ruch, T+ 7868	· .	/M term of autoido	of Tours assertate Schoolule T
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date .	Full name of contributor			
Date	Torro & Traceg Meldi Contributor address: City; State; Zip Code	4,2	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10/14	9009 Mountain Mist Roune Rech. Tt 7868		200.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME	William H Peckham.	10	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ LAND GONZales Coepas	y acct	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/12/14	6 Contributor address; City; State; Zip Code P.O. bot Z501 Roca. Rock. 7+ 78	*	5000	I
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_	<u>, </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/15/14	Contributor address; City; State; Zip Code 2124 AACON Ross U		150.00	
Principal occup	Rouns Rock, T+ 78 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 5/15/14	Full name of contributor out-of-state PAC (ID#_ SCOTT & Michelle Robe Contributor address; City; State; Zip Code 1330 Pine Forest Cirk Rushu Rock, Tr 796	2.7	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date 5/19/14	Full name of contributor out-of-state PAC (ID#:_ Timo-thy Timmer ma Contributor address; City; State; Zip Code 4903 Whitethorn CT. Hustin, T+ 78746		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See in	(If travel outside of structions)	Texas, complete Schedule T)
Date 7/1/14	Full name of contributor out-of-state PAC (ID#_ DURKEN & College Quick Contributor address; City; State; Zip Code 501 EMBIN Ruuno Rock, Tr 78		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See In		-5-30, complete outedute 1)
If co	ATTACH ADDITIONAL COPIES OF ntributor is out-of-state PAC, please see instruc	THIS SCHEDULE A	S NEEDED tional reporting re	equirements.

POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co			
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense			
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By rict Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/R	The second secon		
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
Z	WILLIAM H Peckhan	m, //		
4 Date / /	5 Pavee name			
5/7/2014	THOMAS Graphics			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
* *	P.O. Bey 142226			
4327.03	Austin, T+ 78714			
1521.				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Appendicing Expense	MAILERS		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	OH .			
Date / /	Payee name	_/		
5/13/2014	Payee address; City; State; Zip Code 2301 Oakridge Ori	•		
Amount (\$)	Payee address; City; State; Zip Code	•		
0.00	2301 Oakriage Url	Ve		
300.00	Rouno Rock, T+	78681		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Apreatising Expense	SOCIAL MEPIA		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date /	Payee name /			
5/13/2014	minuteman Press			
Amount (\$)	Payee address; City; State; Zip Code			
	1904 S. austin au	enue		
292.28	Greorgetown, T+			
292.				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Advertising Expense	MAILERS		
	Candidate / Officeholder name	Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office note		
experience to belief ore	· · ·			
Date	Payee name			
5/	MIKE DOSS			
Amount (\$)	Payee address; City; State; Zip Code	0		
3 000 C000 C00 C00	2711 CERAR SORINGS	Place		
80.12	2711 CEPAR Springs Round Rock, T+ 7	27. 10.1		
=	NOUNO POCK, 1+ 7			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	EVENT Expense	Supplies		
	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/0		Chiec sought Chiec hold		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor L raising Expense 7 strict Rental Expense C	oan Repayment/Reimbursement ransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	William H Peckha		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/13/2014	5 Payee name Thomas Graphics 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code Po Bo+ 142226		
4893.49	Austin. T+ 78.	714	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date / /2014	Payee name CHAKLES CARTER		
Amount (\$)	Payee address; City; State; Zip Code		
300.00			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	316NS		up signs
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 5/13/14	Payee name WILL Peckham		
Amount (\$)	Payee address; City; State; Zip Code 2701 Workin Cove		,
750.00	1 1 .	78681	,
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
EXPENDITURE	Amentising Expense	5001	AL MEDIA
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date / /	Payee name O		
5/13/14	WILL Peckham		
Amount (\$)	Payee address; City; State; Zip Code		
548.84	2701 Workin Cou Run- Rock, T+	78681	
PURPOSE	Category (See categories listed at the top of this schedule)		evel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	0	-pplies
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			